

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6259
1020

| | | | | | | | |
|---|--|--|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2249 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | | d. STREET ADDRESS (If rural, give location) 3652 So. Jefferson Avenue. | | | |
| 3. NAME OF DECEASED (Type or Print) Anna | | a. (First) | | b. (Middle) Borbein | | c. (Last) | |
| 4. DATE OF DEATH January 31, 1952 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Oct. 8, 1866. | | 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Michael Schmitt. | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE John Borbein. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola S. Obermeyer ADDRESS 5224 Lexington | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy & left hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 334X | | | | | |
| 22. I hereby certify that I attended the deceased from December, 1951 , to Jan. 31, 1952 , that I last saw the deceased alive on Jan 31, 1952 , and that death occurred at 1:00 Pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Charles S. Obermeyer (Degree or title) M.D. | | | | 23b. ADDRESS 3103 Arsenal St. | | 23c. DATE SIGNED 2/1/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 4, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. FEB 2 1952 | | REGISTRAR'S SIGNATURE Earl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home Inc. ADDRESS 1936 St. Louis Avenue | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-4-74
LICENSEE 4012

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.